



CITY OF WATERTOWN, NEW YORK

MUNICIPAL CIVIL SERVICE COMMISSION
ROOM 204, MUNICIPAL BUILDING, 245 WASHINGTON ST.
WATERTOWN, NEW YORK 13601-3380
(315) 785-7733

APPLICATION FOR EXAMINATION OR EMPLOYMENT

(Position Title)

(Examination Number)

This application is part of your examination. Answer all questions fully and carefully. Resumes will not be accepted in lieu of application. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

Name, mailing address and phone (please print)

(Last) (First) (M.I.)

(Street Address)

(City or Post Office) (State) (Zip Code)

(Home Phone -- include area codes) (Business)

VETERANS' CREDITS (See Instruction E)

If, for this examination, you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and answer questions 10 A-F.

☐ Disabled War Veteran ☐ Nondisabled War Veteran

SPECIAL ARRANGEMENTS (Optional -- See Instruction D)

☐ Religious Observer ☐ Handicapped Person

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? ☐ YES ☐ NO
(Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

Social Security #: _____

State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	Name	Years	Months
School District			
City or Village of			
Town of			
County of			
State of			

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

(Date Received)

(By)

____ Approved
____ Disapproved
____ Conditioned

Check appropriate box to the right of each question:

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
☐ ☐
- B. Did you ever resign from any employment rather than face dismissal? YES NO
☐ ☐
- C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? YES NO
☐ ☐
- D. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
☐ ☐
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO
☐ ☐
- F. Are you now under charges for any crime? YES NO
☐ ☐

If you answered "YES" to any of the Questions 9 A-F above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

Answer questions 10 A-F only if you are claiming additional credits as a disabled or non-disabled veteran for the examination(s) indicated on this application. Be sure that you read instruction E relating to "Veterans Credits" and have claimed these credits in question 4.

- A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.) YES NO
☐ ☐
- B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO
☐ ☐
- C. Were you a resident of New York State on the date of your INITIAL entry into the Armed Forces of the United States? YES NO
☐ ☐
- D. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO
☐ ☐
- Dec 7, 1941 to Dec 31, 1946; Jun 27, 1950 to Jan 31, 1955; Jan 1, 1963 to May 7, 1975, Lebanon Jun 1, 1983 to Dec 1, 1987, Grenada Oct 23, 1983 to Nov 21, 1983, Panama Dec 20, 1989 to Jan 31, 1990, Persian Gulf Aug 2, 1990 to ? (NOTE: Credits for Lebanon, Grenada and Panama will be limited to those who received the armed forces expeditionary medal, the navy expeditionary medal or the marine corps expeditionary medal.)
- U.S. Public Health Service: Jul 29, 1945 to Sep 2, 1945 or, Jun 26, 1950 to Jul 3, 1952; or
- A member of the National Guard activated during the U.S. Postal strike Mar 23, 1970 to Mar 30, 1970. YES NO
☐ ☐
- E. Are you currently a resident of New York State? YES NO
☐ ☐
- F. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES NO
☐ ☐

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

(Signature of Applicant)

(Date)

Indicate any other surname (last name) by which you are or have been known.
(please print)

MSD 330 (Rev. 4/96)

EDUCATION If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? ☐ YES ☐ NO If yes, name and location of high school _____ Year Graduated _____

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority _____ Number _____ Date of Issue _____

	Name of School and City in which located	Dates of Attendance (Month and Year) From To	Day or Night	Full or Part Time	No. of Years Credited	Were You Graduated	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd or Expected
College, University Professional or Technical School

Other Schools or Special Courses

LICENSES If a license, or other authorization to practice trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed check this box. ☐

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Speciality	Date of License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? ☐ YES ☐ NO

DESCRIPTION OF EXPERIENCE This application must be completed in full. Resumes will not be accepted in lieu of application. Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			
Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			

Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			
Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			
Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			

BE SURE TO ANSWER THIS SECTION. Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?

_____ Yes _____ No

2. If so, are you presently in default on any such loan?

_____ Yes _____ No

THIS AFFIRMATION MUST BE COMPLETED: I affirm under penalties of perjury that all statements made on this application supplement are true.

Signature: _____ Date: _____

Date of Birth (required for entry level police officer and firefighter) _____

Driver's License No. _____ Expiration Date _____

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Call or wire this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS

Notify this agency immediately of any change of address. When writing give the number and title of examination.

D. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s), or a Handicapped Person (require special arrangements in order to participate in the examination(s), or are requesting a military make-up test, you must EITHER

1. Check the appropriate box in 5 and indicate the special arrangements you require in the REMARKS section below, OR
2. Write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

E. VETERANS CREDITS

If you are making a claim for veterans credits with this application, be sure you read the following information very carefully:

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans credits, you must check () the appropriate category in question 4 and answer all questions 10A-F. Failure to do so, accurately and completely, may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 10A-E and a "NO" answer to question 10F, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question 10D.

Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such misstatements or fraud.

The New York State Human Rights Law prohibits discrimination in employment because of age, race creed, color, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, marital status, or criminal record in connection with employment.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½ x 11 sheets).

ALL STATEMENTS ARE SUBJECT TO VERIFICATION